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26874 7590 06/04/2004

FROST BROWN TODD, LLC  
2200 PNC CENTER  
201 E. FIFTH STREET  
CINCINNATI, OH 45202

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

SHEERILL G. JONES	(Depositor's name)
<i>Sheerill G. Jones</i>	(Signature)
AUGUST 23, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/035,708	03/05/1998	FRANK P. ZEMLAN	91830	5121

TITLE OF INVENTION: METHOD OF DETECTING AXONAL DAMAGE, ASSOCIATED DISEASE STATES, AND RELATED MONOCLONAL ANTIBODIES AND PROTEIN CONTROLS THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<i>NO</i>	<i>\$1330 665</i>	\$0	<i>\$1330 665</i>	09/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HAYES, ROBERT CLINTON	1647	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 FROST BROWN TODD LLC

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UNIVERSITY OF CINCINNATI

CINCINNATI, OHIO

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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(Date) Aug 23, 2004

Reg. 28,079

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